

602615
[Handwritten signature]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. PATENT & TRADEMARK OFFICE FEE TRANSMITTAL FORM		Application Number	10/015,075
		First Filing Date	December 10, 2001
		First Inventor	Eric Gullichsen
		Group Art Unit	2615
		Examiner Name	Ho, Tuan V
Total Number Of Pages In This Submission	10	Attorney Docket No.	BEH-004-3C

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page in duplicate)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Fee Attached -- Credit Card Payment Form (1 pg)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation of Previous Powers; And Statement Under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	RETURN RECEIPT POSTCARD	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> This is a Response to Missing Parts/ Incomplete Application under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks		
<input type="checkbox"/> Copy of Notice To File Missing Parts (2 pages)	Please charge Deposit Account 50-2263 for any underpaid fee.		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Edward S. Mao (Reg. No. 40,713) Silicon Valley Patent Group LLP 2350 Mission College Boulevard, Suite 360 Santa Clara, California 95054
Signature	<i>Edward Mao</i>
Date	November 21, 2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature:	<i>Edward Mao</i>		
Typed or printed name	Edward S. Mao	DATE	11/21/2005

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Arlington, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Arlington, VA 22313-1450.